



## CONSULTANT PHARMACIST FOR HEALTH FACILITIES

State Form 51059 (10-02)

**Indiana Board of Pharmacy  
Health Professions Bureau**  
402 West Washington Street  
Indianapolis, IN 46204  
Telephone: (317) 234-2067  
Fax: (317) 233-4236  
Website: [www.in.gov/hpb](http://www.in.gov/hpb)  
E-mail: [hpb4@hpb.state.in.us](mailto:hpb4@hpb.state.in.us)

856 IAC 1-7-5 For extended care facilities, nursing homes, rest homes, homes for the aged, governmental agencies and other places where a pharmacy permit is not held nor drug stored, the pharmacist providing pharmaceutical consultation service shall notify initially and annually in each instance such practice and place with the Indiana Board of Pharmacy.

**DIRECTIONS: Please complete and return this form to the above address.**

Initial notification or annual renewal ( <i>month, year</i> )		
Name of consultant pharmacist		License number
Pharmacist's home address ( <i>number and street, city, state, ZIP code</i> )		
Pharmacist's telephone number		E-mail address
Name of health facility		Number of beds
Address of facility ( <i>number and street, city, state, ZIP code</i> )		
Name of administrator		
Telephone number		E-mail address
1. Number of visits spent at the facility: <div style="text-align: center;">Per day _____ Per week _____ Per month _____</div>		
2. Is there a signed written agreement between the health facility and the consultant pharmacist? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
3. Does the health facility pay the consultant pharmacist a fee for the pharmacist's service? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
If any change of consultant pharmacist should occur, the new consultant pharmacist must complete and submit a new form immediately.		
Signature of consulting pharmacist		
Signature of health facility administrator		
Where is the consultant employed?		Number of hours
Address ( <i>number and street, city, state, ZIP code</i> )		
IF THE CONSULTANT PHARMACIST SERVES AT MORE THAN ONE FACILITY, A SEPARATE FORM MUST BE SUBMITTED FOR EACH FACILITY. YOU MAY PHOTOCOPY THIS FORM AS NEEDED.		